

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 06, 2019
Secretary of State
7243593119CC

Entity Name: ST. AUGUSTINE HUMANE SOCIETY

Current Principal Place of Business:

1665 OLD MOULTRIE ROAD
ST. AUGUSTINE, FL 32084-5158

Current Mailing Address:

PO BOX 133
ST. AUGUSTINE, FL 32085 US

FEI Number: 59-1324680

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, CAROLYN
1665 OLD MOULTRIE ROAD
SAINT AUGUSTINE, FL 32084 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SEBASTIAN, KRISTIN
Address 1364 KINGS ESTATE RD
City-State-Zip: SAINT AUGUSTINE FL 32086

Title PRESIDENT
Name GREGORY, BILL
Address 9475-A COUNTY RD 13 NORTH
City-State-Zip: ST AUGUSTINE FL 32092

Title V
Name FAIRCLOTH, RON
Address 1665 OLD MOULTRIE RD
City-State-Zip: ST AUGUSTINE FL 32084

Title TREASURER
Name BENTLEY, CHRISTINA
Address 251 ESMERALDA RD
City-State-Zip: ST AUGUSTINE FL 32095

Title SECRETARY
Name CRAFT MOLL, AMY
Address 413 INAGULA DR
City-State-Zip: ST AUGUSTINE FL 32095

Title DIRECTOR
Name HAYFLICK, BONNIE
Address 62 VALENCIA ST
City-State-Zip: ST AUGUSTINE FL 32084

Title DIRECTOR
Name JENSEN, SONYA GENOVAR
Address 320 A STATE RD 312
City-State-Zip: ST AUGUSTINE FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BILL GREGORY

PRESIDENT

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date